



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/722,655	
	Filing Date	11/28/2000	
	First Named Inventor	HURST, Dennis Wayne et al.	
	Art Unit	2137	
	Examiner Name	TRIEU, Laurent L.	
Total Number of Pages in This Submission	46	Attorney Docket Number	8886.001.00

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Dale Lischer, Reg. No. 28,438
Signature	
Date	June 18, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	June 18, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1080

Complete if Known

Application Number 09/722,655
 Filing Date 11/28/2000
 First Named Inventor HURST, Dennis Wayne et al.
 Examiner Name TRIEU, Laurent L.
 Art Unit 2137
 Attorney Docket No. 8886.001.00

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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money ☐ Other ☐ None
 Order

☒ Deposit Account:

Deposit
Account
Number

02-4300

Deposit
Account
Name

Smith, Gambrell & Russell, LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1001	770	2001	385		Utility filing fee	
	1002	340	2002	170		Design filing fee	
	1003	530	2003	265		Plant filing fee	
	1004	770	2004	385		Reissue filing fee	
	1005	160	2005	80		Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
97	-20 ** = 77	9	693
Independent Claims	12	-3 ** = 9	43
Multiple Dependent			0

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	1202	18	2202	9		Claims in excess of 20
	1201	86	2201	43		Independent claims in excess of 3
	1203	290	2203	145		Multiple dependent claim, if not paid
	1204	86	2204	43		** Reissue independent claims over original patent
	1205	18	2205	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 1080)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130	2051	65		Surcharge - late filing fee or oath	
	1052	50	2052	25		Surcharge - late provisional filing fee or cover sheet.	
	1053	130	1053	130		Non-English specification	
	1812	2,520	1812	2,520		For filing a request for reexamination	
	1804	920*	1804	920*		Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840*		Requesting publication of SIR after Examiner action	
	1251	110	2251	55		Extension for reply within first month	
	1252	420	2252	210		Extension for reply within second month	
	1253	950	2253	475		Extension for reply within third month	
	1254	1,480	2254	740		Extension for reply within fourth month	
	1255	2,010	2255	1,005		Extension for reply within fifth month	
	1401	330	2401	165		Notice of Appeal	
	1402	330	2402	165		Filing a brief in support of an appeal	
	1403	290	2403	145		Request for oral hearing	
	1451	1,510	1451	1,510		Petition to institute a public use proceeding	
	1452	110	2452	55		Petition to revive - unavoidable	
	1453	1,330	2453	665		Petition to revive - unintentional	
	1501	1,330	2501	665		Utility issue fee (or reissue)	
	1502	480	2502	240		Design issue fee	
	1503	640	2503	320		Plant issue fee	
	1460	130	1460	130		Petitions to the Commissioner	
	1807	50	1807	50		Processing fee under 37 CFR 1.17 (q)	
	1806	180	1806	180		Submission of Information Disclosure Stmt	
	8021	40	8021	40		Recording each patent assignment per property (times number of properties)	
	1809	770	2809	385		Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	770	2810	385		For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770	2801	385		Request for Continued Examination (RCE)	
	1802	900	1802	900		Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY

Name (Print/Type) Dale Lischer Registration No. (Attorney/Agent) 28,438 Telephone (404) 815-3741
 Signature [Signature] Date June 18, 2004

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